

CFPB Group Life Insurance Enrollment Form



A. Personal Information

FIRST NAME

LAST NAME

MI

SOCIAL SECURITY NUMBER (No Dashes)

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male

Female

STREET ADDRESS

CITY

STATE

ZIP CODE

WORK LOCATION (CITY/STATE)

CFPB DATE OF HIRE (MM/DD/YYYY)

GROUP CUSTOMER NUMBER

147398

REASON FOR ENROLLMENT/CHANGE (check all that apply)

New enrollment

Add or delete dependents

Change of address

Qualifying event

Open Season

QLE EVENT TYPE (select one)

Marriage

Divorce

Death of child

Birth/adoption of child

Death of spouse

Separation from domestic partner

B. Coverage Election (to be completed by employee)

Basic Life Insurance Coverage (check the box plus sign and date below in Section C if you are electing Basic Life). Basic Life Insurance coverage is one (1) times your base and geographic pay (rounded up to the next thousand) plus \$2,000.

OPTION 1: Employee

\$25,000 \$175,000

\$50,000 \$200,000

\$75,000 \$225,000

\$100,000 \$250,000

\$125,000 \$275,000

\$150,000 \$300,000

OPTION 2: Spouse/domestic partner

50% of employee's
Basic Life amount

100% of employee's
Basic Life amount

OPTION 3: Family

1 multiple (\$5,000 spouse/
domestic partner/\$2,500 per child)

2 multiples (\$10,000 spouse/
domestic partner/\$5,000 per child)

3 multiples (\$15,000 spouse/
domestic partner/\$7,500 per child)

4 multiples (\$20,000 spouse/
domestic partner/\$10,000 per child)

5 multiples (\$25,000 spouse/
domestic partner/\$12,500 child)

If electing Option 2 or Option 3 check the appropriate box below

Spouse

Domestic Partner

PRINT NAME OF SPOUSE OR DOMESTIC PARTNER

DATE (MM/DD/YYYY)

When enrolling a domestic partner, ensure that an Affidavit of Domestic Partnership for Benefits Coverage is on file with the Human Capital office.

C. Authorization

By signing, I confirm that I am enrolling in CFPB Group life, and if applicable I authorize the CFPB to withdraw premiums from my salary to pay the cost of the coverage(s) that I have elected above.

SIGNATURE

DATE

For office use only

Plan code CL
(enter 2-digit coverage code)

I certify that the above named employee is eligible for the insurance coverage he/she has elected above.

SIGNATURE OF REVIEWING HC REPRESENTATIVE

DATE RECEIVED (MM/DD/YYYY)

EFFECTIVE DATE (MM/DD/YYYY)

- | | | |
|--|--|--|
| 01 Basic Only | 13 Basic/Family 2x | 25 Basic/Family 4x |
| 02 Basic/Spouse 50 | 14 Basic/Spouse 50/Family 2x | 26 Basic/Spouse 50/Family 4x |
| 03 Basic/Family 1x | 15 Basic/Employee/Family 2x | 27 Basic/Employee/Family 4x |
| 04 Basic/Spouse 50/Family 1x | 16 Basic/Employee/Spouse 50/Family 2x | 28 Basic/Employee/Spouse 50/Family 4x |
| 05 Basic/Employee | 17 Basic/Spouse 100/Family 2x | 29 Basic/Spouse 100/Family 4x |
| 06 Basic/Employee/Spouse 50 | 18 Basic/Employee/Spouse 100/Family 2x | 30 Basic/Employee/Spouse 100/Family 4x |
| 07 Basic/Employee/Family 1x | 19 Basic/Family 3x | 31 Basic/Family 5x |
| 08 Basic/Employee/Spouse 50/Family 1x | 20 Basic/Spouse 50/Family 3x | 32 Basic/Spouse 50/Family 5x |
| 09 Basic/Spouse 100 | 21 Basic/Employee/Family 3x | 33 Basic/Employee/Family 5x |
| 10 Basic/Spouse 100/Family 1x | 22 Basic/Employee/Spouse 50/Family 3x | 34 Basic/Employee/Spouse 50/Family 5x |
| 12 Basic/Employee/Spouse 100/Family 1x | 23 Basic/Spouse 100/Family 3x | 35 Basic/Spouse 100/Family 5x |
| 11 Basic/Employee/Spouse 100 | 24 Basic/Employee/Spouse 100/Family 3x | 36 Basic/Employee/Spouse 100/Family 5x |

(Return completed form to CFPB_HRBenefits@cfpb.gov)

Fraud Warnings

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

New York (only applies to Accident and Health Benefits (AD&D/Disability/Dental): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon and Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.